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MARGIN RESERVED FOR BINDING

N. B.—WRITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH		ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Cochise</u> State <u>Ariz.</u>		State File No. <u>17</u> Registered No. <u>44</u>	
Township <u>Bisbee</u> or Village		City <u>Bisbee</u> No. <u>Copper Queen Hosp.</u> St. Ward		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred <u>20</u> yrs. <u>7</u> mos. --- ds.		How long in U. S. if of foreign birth? --- yrs. --- mos. --- ds.			
2. FULL NAME <u>Rhoda A. Lines</u>		(a) Residence: No. <u>131 Higgins Hill</u> St. Ward		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Samuel E. Lines</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 9, 1879</u>					
7. AGE	Years <u>53</u>	Months <u>5</u>	Days <u>No.</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>				
	10. Date deceased last worked at this occupation (month and year)				
FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) <u>Grouss Creek, Utah</u>				
	13. NAME <u>? ? Merrill</u>				
MOTHER	14. BIRTHPLACE (city or town) <u>Utah</u>				
	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (city or town) <u>Utah</u>				
17. INFORMANT <u>Samuel E. Lines</u> (Address) <u>Bisbee, Ariz.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima, Ariz.</u> Date <u>12-12-1932</u>					
19. UNDERTAKER <u>Walter G. Hubbard</u> (Address) <u>Palace Undertaking Co.</u>					
20. Filed <u>April 11, 1932</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 9, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>4-5-1932</u> to <u>4-9-1932</u>					
I last saw her alive on <u>4-9-1932</u> death is said to have occurred on the date stated above, at <u>10 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Intestinal obstruction</u>					
Other contributory causes of importance:					
<u>Previous laparotomy with drainage</u>					
Name of operation <u>Laparotomy, freeing adhesions</u> Date of <u>4-7-32</u>					
What test confirmed diagnosis? Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violent) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 19...					
Where did injury occur? (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>J. Watkins</u> , M. D.					
(Address) <u>Bisbee, Ariz.</u>					